

**MULTIPLE DEPENDENT CLAIM  
FEE SCHEDULE SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524141

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				4		
6				4		
7				4		
8				4		
9			1			
10				2		
11				2		
12				2		
13				2		
14				2		
15				2		
16				2		
17				2		
18				2		
19				1		
20				1		
21				2		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		44	←		←
TOTAL CLAIMS			46			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						